



INDIANA PHYSICAL THERAPY COMMITTEE SUPERVISION LETTER

INSTRUCTIONS: Applicants who are applying for a temporary permit to practice as a physical therapist or physical therapist assistant must have this supervision letter completed; this form must be completed in full and have original signature by the licensed Indiana physical therapist who will be providing direct supervision. If this form is not completed in full, it will be mailed back to you. No fax copies are acceptable.

“Direct supervision” means that the supervising physical therapist at all times shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed by the holder of a temporary permit. **Unless the supervising physical therapist is on the premises to provide constant supervision, the holder of a temporary permit shall meet with the physical therapist at least once each working day to review all patients’ treatments.**

Complete, sign and return to:

Indiana Health Professions Bureau
402 West Washington Street, Room W066
Indianapolis, Indiana 46204

APPLICANT INFORMATION	
Name of applicant (last, first, middle, maiden)	Social Security number

APPLICANT INFORMATION	SUPERVISOR INFORMATION
Name of Hospital/Facility	Name of Hospital/Facility
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Telephone Number	Telephone Number

TO BE COMPLETED BY SUPERVISOR	
I hereby swear or affirm under the penalties of perjury that the applicant whose name appears above will be under my direct supervision while practicing physical therapy. According to Indiana Code 25-27-1-8 (d), 844 IAC 6-3-5 and 844 IAC 6-1-2 (e), I understand that I shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed. I also understand that the patient’s care shall always be my responsibility.	
Printed Name of Supervisor	Home Address (include street, city, state, zip code)
Signature of Supervisor	Date Signed (include month, day, and year)
Indiana License Number and Expiration Date	Date Supervision to Begin (include month, day, and year)